

CITY OF EL PASO
NON-UNIFORM ACCIDENT WITH PAY LEAVE SUMMARY SHEET

Employee Name (Last, First, MI)

Department

Date of Injury

To qualify for Accident with Pay Leave, an employee:

1. Must be a regular, full-time employee including one on probation.
2. Must have sustained a compensable, job-related injury or occupational disease.
3. Must have reported the injury/illness to any supervisor within 48 hours of its occurrence. For an occupational disease, the employee has 48 hours from the date on which the employee knew or should have known that the disease may be job-related.
4. Must not have been injured as a result of breaking any rules, regulations or laws, including any safety rules adopted by the City or department-mandated safety procedures.
5. Must not have been injured as a result of the gross negligence of the employee.
6. Must not have been injured as a result of any other unreasonable and culpable conduct as determined by the City's Human Resources Director.

AWP leave ceases under any one of these conditions:

1. The employee's treating physician releases the employee back to work or a physician performing an independent medical examination releases the employee back to work
2. The employee refuses to return to regular or restricted duty after being released for regular or restricted duty by a treating physician or other physician performing an independent medical examination for the City.
3. The employee refuses to submit to any independent medical examination or treatment required by the City in accordance with Texas Workers' Compensation laws.
4. The employee has used 240 hours of AWP in a rolling twelve month period.
5. One year from the date of the injury or occupational disease, except for an extension requested or granted as per Ordinance 8064.
6. The employee fails to provide timely physician certificates as per Ordinance 8064.
7. The employee does not submit properly and timely completed AWP leave requests as per Ordinance 8064.
8. The employee refuses to submit to any independent medical examination.
9. The employee fails to act in a manner that is conducive to or consistent with being off work convalescing from a job-related injury.
10. The employee submits a workers' compensation claim which is controverted.
11. The employee submits an AWP leave request previously denied based upon the merit of Ordinance 8064.
12. The employee fails to follow the procedural process as contained in Ordinance 8064.

If AWP leave is approved:

I understand that AWP leave does not cover the initial seven days of lost time. I may elect to use my accrued sick or annual leave during the initial seven days of disability. I understand that the AWP supplement is the difference between my weekly Worker's Compensation benefit and my pre-injury take home pay. I understand that the total amount of money that I receive from Worker's Compensation and the AWP supplement shall not exceed my pre-injury take home pay.

I understand that in the event of any overpayment of Worker's Compensation or AWP supplement payments, the City may deduct the overpayment from future wages or reduce any accrued leave

balances. If I separate from employment while an overpayment exists, the City may deduct the total overpayment from my final check.

If AWP leave is denied:

I understand that I may appeal to the Human Resources Director within five (5) calendar days of notification of denial. I further understand that if I am not satisfied with the Human Resources Director's decision, I may appeal within ten (10) calendar days of notification of such decision to the Hearing Officer of the Civil Service Commission. I understand that final decision rests with the Hearing Officer.

Employee's Signature

Date: